

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/889093

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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11						
12						
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14						
15			1			
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
28			1			
29				1		
30				1		
31				1		
32				4		
33				4		
34				4		
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49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↔	27	↔		↔
TOTAL CLAIMS			29			

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS